No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED APR 23 1948

Registration District No. 318

Primary Registration District No. 1003

State File No. 14096

Registrar's No. 3311

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Anthony Hosp. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0 0 0

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3944 Nebraska 9
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No) 24

If yes, name country

3. (a) PRINT FULL NAME Mary Frueh

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Fem. 1

5. Color or race White

6. (a) Single, widowed, married, divorced Sing. 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased 4 - 3 - 1948 (Month) (Day) (Year)

8. AGE: Years - Months - Days 2 If less than one day hr. min.

9. Birthplace St. Louis Mo 0 (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name Mathew A Frueh 0
13. Birthplace St. Louis mO (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Delores Scheffler 0
15. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mathew A, Frueh
(b) Address 3944 Nebraska

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-6-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Resurrection Cem

18. (a) Signature of funeral director Wingbermuehle
(b) Address 3819 S Grand Blvd

19. (a) APR 6 1948 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4th day 5th year 1948 hour 3 P.M. minute M.

21. I hereby certify that I attended the deceased from 4-3-1948 to 4-5-1948 that I last saw him alive on 4-5-1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Atelectasis, due to prematurity (5 mo)

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 159

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0 (Specify type of place)

While at work (e) Means of injury

23. Signature [signature] (M. D. or other)

Address [illegible] Date signed 4/6-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by..... Registered Apprentice No..... working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.